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## FACSIMILE COVER SHEET

DATE: May 21, 2008

TO: Examiner Cherie Michelle Woodward

TC Art Unit: 1647

FROM: Holliday C. Heine, Ph.D.

Our File: ERI-147XX

Your Ref:

Application No. 10/589,687 Filed Date: August 17, 2006 Confirmation No.: 9909

Fax No.: (571) 273 8300

No. of pages transmitted (including this page): 10

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> PLEASE DELIVER <u>DIRECTLY</u> TO: EXAMINER CHERIE MICHELLE WOODWARD, Tel. (571) 272-3329 TC ART UNIT NO: 1647

#### FOR ENTRY

Enclosed for filing please find a: Amendment Transmittal; Amendment in Response to 4/21/08 Restriction Requirement

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

Attorney for Applicant: Hoffiday C. Heine, Ph.D.

Registration No. 34,346

367222.1

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Application No.: 10/589,687 Filed: August, 17, 2006 TC Art Unit: 1647 Confirmation No.: 9909

Rev 09/07

## WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP

Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313

Date: May 21, 2008

MAY 2 1 2008

Via Facsimile COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Attorney

Docket No.: ERI-147XX

Sir:

Andrius Kazlauskas et al. In reapplication of:

Patitled:	DIAGNOSIS OR TREATMENT OF ENDOTHELIAL CELL DYSFUNCTION RELATED DISEASES

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

r٦	This	is a Request for Continued Examination under §1.114; au	thorization is provided herewith to charge Deposit Account
LJ		3-0804 for the cost of same (\$) per §1.17(e).  Enter the unentered amendment previously filed on	per §1.116.

Small Entity Status is asserted. [X]

- A Petition for Extension of Time for \_\_\_ month is hereby made under §1.136(a); authorization is provided herewith to [] charge Deposit Account No. 23-0804 for the cost of same (\$\_\_\_\_\_) per §1.17.
- In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby [X]made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

Other: []

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	1 - 4	= 0	x \$210.00 =	0
Total	13 - 29	= 0	x \$ 50.00 =	0
[] Multiple Dependent C	Claims (1st presentation)		+ \$370.00 =	0
		SUBTOTA	L ADDITIONAL FEE	0
Small Entity filing, divid	0			
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		SUBTOTAL ADDITIONAL FEE	0
Sma	Small Entity filing, divide by 2. Small Entity status must be asserted.		
		TOTAL ADDITIONAL FEE	0
[X]	No additional fee.	The fee has been calculated above; authorization is provided hereve Deposit Account No. 23-0804 (\$) for the cost of same.	with to charge
[X]	The Commissioner is he with this communication	ereby authorized to charge payment of any additional filing fees un or credit any overpayment to Deposit Account No. 23-0804.	nder §1.16 associate
T b	abu coutify that this course	coordance is being sent via facsimile to Examiner Cherie Michelle	e Woodward, TC A

Attorney of Record) Holliday C. Heine, Ph.D.

Registration No.: 34,346

HCH/aft/367223.1

PATENT

Rev 02/07

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 2 1 2008

In re application

Andrius Kazlauskas et al.

Application No.

10/589,687

Filed

August 17, 2006

Confirmation No.

9909

For

DIAGNOSIS AND TREATMENT OF ENDOTHELIAL

CELL DYSFUNCTION RELATED DISEASES

Examiner

Cherie Michelle Woodward

Attorney's Docket

ERI-147XX

TC Art Unit: 1647

I hereby certify that this correspondence is being sent via facsimile to Examiner Cherie Michelle Woodward, TC Art Unit 1647, Fax No. (571) 273 8300, on May 21, 2008

Holliday C. Heine, Ph.D. Registration No. 34,346 Attorney for Applicant(s)

### AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Via Facsimile Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 21, 2008 (Restriction Requirement), please amend the above-identified patent application as follows.

NEINGARTEN, SCHURGIN, GAGNESIN & LEBOVICI ILP TEL. (617) 542-2290 PAX. (617) 451-0313